

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Dental Political Action Committee

ADDRESS (number and street)

1111 14th Street, NW

Suite 1100

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00000729

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

05

01

2007

through

05

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr Roger Triftshauser

Signature of Treasurer

Electronically Filed by Dr Roger Triftshauser

Date

01

31

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Dental Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		406004.72
(b) Cash on Hand at Beginning of Reporting Period	627043.56	
(c) Total Receipts (from Line 19)	63777.87	661040.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	690821.43	1067044.92
7. Total Disbursements (from Line 31)	133160.43	509383.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	557661.00	557661.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8065.00	22965.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	50805.40	494318.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	58870.40	517283.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	58870.40	517283.74
12. Transfers From Affiliated/Other Party Committees	4684.15	142786.47
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	223.32	969.99
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	63777.87	661040.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63777.87	661040.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	160.43	616.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	160.43	616.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	133000.00	507600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1167.49
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	133160.43	509383.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	133160.43	509383.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	58870.40	517283.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58870.40	517283.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	160.43	616.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	160.43	616.43

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Bernard J Larson

Mailing Address # B

887 W North Beach Rd

City

State

Zip Code

Bow

WA

98232

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896628

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne McMahan

Mailing Address Alabama Dental Association

836 Washington Street

City

State

Zip Code

Montgomery

AL

36104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Dental Assoc

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896629

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Colin A Malaker

Mailing Address

City

State

Zip Code

MO

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896630

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Lana R Schlecht

Mailing Address PO Box 247

City

Ellendale

State

ND

Zip Code

58436-0247

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896636

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Allan Jacobs

Mailing Address 4868 Fairway Rdg S

City

W Bloomfield

State

MI

Zip Code

48323-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896644

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Blane R Christman

Mailing Address PO Box 408

City

Ladysmith

State

WI

Zip Code

54848-0408

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896645

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Thomas Danner Pollard

Mailing Address 9138 NW McKenna Dr

City

Portland

State

OR

Zip Code

97229-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896648

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Michael C Griffiths

Mailing Address 1920 Irving St Ne

City

Washington

State

DC

Zip Code

20018-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896649

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Akram E Rafla

Mailing Address 60 Buckskin Dr

City

Weston

State

MA

Zip Code

02493-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896650

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Marta Rafla

Mailing Address 250 Commercial Street
Suite 430

City State Zip Code
Worcester MA 01608-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896651

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Jeffrey Ganeles

Mailing Address 2365 NW 46th St

City State Zip Code
Boca Raton FL 33431-8425

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896652

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Bradley S Trotter

Mailing Address

City State Zip Code
VA

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896653

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael Parry Evans

Mailing Address 1859 Loma Linda St

City

Sarasota

State

FL

Zip Code

34239-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896654

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr John Floyd Harrington, Jr

Mailing Address 274 Nelson Rd NW

City

Milledgeville

State

GA

Zip Code

31061-9787

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 7

Transaction ID: 3896707

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr David C Averill

Mailing Address 324 Pearl St

City

Burlington

State

VT

Zip Code

05401-8531

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897010

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert A Hersh

Mailing Address 40 Woodstock Place

City

Freehold

State

NJ

Zip Code

07728-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897014

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Kathleen B. Ford

Mailing Address 1111 14th Street, NW, Suite 1100

City

Washington

State

DC

Zip Code

20005-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Dental Associati-
on

Occupation
PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897017

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr David S Wilbanks

Mailing Address

City

State

TX

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897021

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Frederick T Philips, Jr

Mailing Address

City

State

Zip Code

TX

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: 3911323

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

8065.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tennessee Dental PAC

Mailing Address PO Box 120188

2104 Sunset Place

City

Nashville

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23636.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897027

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

California Dental PAC

Mailing Address PO Box 13749

City

Sacramento

State

CA

Zip Code

95853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33898.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897033

Amount of Each Receipt this Period

506.68

C.

Full Name (Last, First, Middle Initial)

New Jersey Dental PAC

Mailing Address One Dental Plaza

PO Box 6020

City

North Brunswick

State

NJ

Zip Code

08902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12810.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897035

Amount of Each Receipt this Period

1050.00

SUBTOTAL of Receipts This Page (optional)

2556.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

New Jersey Dental PAC

Mailing Address One Dental Plaza
PO Box 6020

City State Zip Code
North Brunswick NJ 08902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12930.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: 3911309

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Indiana Dental PAC

Mailing Address PO Box 2467

City State Zip Code
Indianapolis IN 46206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11285.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: 3911315

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
Sacramento CA 95853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35655.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: 3911317

Amount of Each Receipt this Period

1757.47

SUBTOTAL of Receipts This Page (optional)

2087.47

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Indiana Dental PAC

Mailing Address PO Box 2467

City

Indianapolis

State

IN

Zip Code

46206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

11325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	7

Transaction ID: 3911325

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

4684.15

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

969.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	7

Transaction ID: 3921159

Amount of Each Receipt this Period

223.32

SUBTOTAL of Receipts This Page (optional)

223.32

TOTAL This Period (last page this line number only)

223.32

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3921163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.43

SUBTOTAL of Disbursements This Page (optional)

160.43

TOTAL This Period (last page this line number only)

160.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S. Capitol St., SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2007 Membership Dues

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3896274

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	7

Amount of Each Disbursement this Period

15000.00

2007 Membership Dues

B.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S. Capitol St., SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Void - Democratic National Committee

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3896276

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	7

Amount of Each Disbursement this Period

-15000.00

Void - Democratic National Committee

C.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S. Capitol St., SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2007 Membership Dues

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3896277

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	7

Amount of Each Disbursement this Period

15000.00

2007 Membership Dues

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Byron Dorgan

Mailing Address PO Box 871

City
Bismarck

State
ND

Zip Code
58502

Purpose of Disbursement

Judy Sherman attending event/check to campaign

Candidate Name

Sen. Byron L. Dorgan

011

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: ND

District:

Transaction ID: 3896360

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attending ev-
ent/check to campaign

B.

Full Name (Last, First, Middle Initial)

Wynn For Congress

Mailing Address P.O. Box 39139

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement

Katie Yehl attending event/check sent to campaign

Candidate Name

Rep. Albert Russell Wynn

011

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: MD

District: 04

Transaction ID: 3896354

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Katie Yehl attending even-
t/check sent to campaign

C.

Full Name (Last, First, Middle Initial)

Steve Chabot For Congress

Mailing Address 3339 Harrison Ave.
3014 Harrison Ave.

City
Cincinnati

State
OH

Zip Code
45211

Purpose of Disbursement

3 Ohio dentists attended 4/30 event at Verizon Center

Candidate Name

Rep. Steve Chabot

011

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: OH

District: 01

Transaction ID: 3896359

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

3000.00

3 Ohio dentists attended
4/30 event at Verizon Cen-
ter

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pastor for Congress

Mailing Address 802 North 3rd Avenue

City Phoenix State AZ Zip Code 85003

Purpose of Disbursement
Judy Sherman attended event/check sent to campaign

Candidate Name
Ed Pastor

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 04

Transaction ID: 3896353

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to campaign

B.

Full Name (Last, First, Middle Initial)

Lucille Roybal-Allard For Congress

Mailing Address P.O. Box 582

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Judy Sherman attending event/check to campaign

Candidate Name
Rep. Lucille Roybal-Allard

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Transaction ID: 3896357

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attending event/check to campaign

C.

Full Name (Last, First, Middle Initial)

Renzi for Congress

Mailing Address P.O. Box 219

City Flagstaff State AZ Zip Code 86002

Purpose of Disbursement
Judy Sherman attending event/check to campaign

Candidate Name
Rick Renzi

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: 3896356

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attending event/check to campaign

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dirigo PAC

Mailing Address PO Box 1355

City
Alexandria

State
VA

Zip Code
22313

Purpose of Disbursement

Judy Sherman on steering committee/will attend future events

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3896352

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

Judy Sherman on steering
committee/will attend fut-
ure events

B.

Full Name (Last, First, Middle Initial)

Demint For Senate Committee Inc

Mailing Address PO Box 12425

City
Columbia

State
SC

Zip Code
29211

Purpose of Disbursement

Kathleen Ford attending event/check to campaign

Candidate Name

Sen. James W. DeMint

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:

2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Transaction ID: 3896358

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Kathleen Ford attending
event/check to campaign

C.

Full Name (Last, First, Middle Initial)

Searchlight Leadership Fund Committee

Mailing Address 422 C St., NE
Lower Level

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Judy Sherman attending event/check to leadership pac

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3896350

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

Judy Sherman attending ev-
ent/check to leadership
pac

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kagen 4 Congress

Mailing Address 100 West Lawrence St

City
Appleton

State
WI

Zip Code
54911

Purpose of Disbursement

Judy Sherman attending event/check to campaign

Candidate Name
Steven Kagen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: 3896355

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attending ev-
ent/check to campaign

B.

Full Name (Last, First, Middle Initial)

Green Mountain PAC

Mailing Address 10 G Street, NE
Suite 470

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Judy Sherman attending event/check sent to leadership PAC

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3896351

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Judy Sherman attending ev-
ent/check sent to leaders-
hip PAC

C.

Full Name (Last, First, Middle Initial)

Senate Majority Fund

Mailing Address 507 Capitol Court NE
#100

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Kathleen Ford attending event

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3897038

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

5000.00

Kathleen Ford attending
event

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Culberson For Congress

Mailing Address P.O. Box 41964

City
Houston

State
TX

Zip Code
77241

Purpose of Disbursement
check sent to Dr. Tommy Harrison

Candidate Name
Rep. John Abney Culberson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: 3897356

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to Dr. Tommy Harrison

B.

Full Name (Last, First, Middle Initial)

Andrews For Congress Committee

Mailing Address 215 Fourth Avenue
Suite 200

City
Haddon Heights

State
NJ

Zip Code
08035

Purpose of Disbursement
Jennifer Fisher to attend event/check sent to campaign

Candidate Name
Rep. Robert E. Andrews

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 01

Transaction ID: 3901088

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher to attend event/check sent to campaign

C.

Full Name (Last, First, Middle Initial)

Bartlett For Congress

Mailing Address PO Box 280
PO Box 3662

City
Buckeystown

State
MD

Zip Code
21717

Purpose of Disbursement
check sent to Dr. Peter Tan

Candidate Name
Roscoe Bartlett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Transaction ID: 3901085

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

check sent to Dr. Peter Tan

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Committee For Pete V. Domenici

Mailing Address PO Box 93656

City Albuquerque State NM Zip Code 87199

Purpose of Disbursement
check sent to Dr. Keigm Crook

Candidate Name
Pete Domenici

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District:

Transaction ID: 3901084

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Keigm
Crook

B.

Full Name (Last, First, Middle Initial)
Westmoreland For Congress

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement
Jennifer Fisher will attend event/check sent to campaign

Candidate Name
Rep. Lynn A. Westmoreland

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 03

Transaction ID: 3901092

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher will atte-
nd event/check sent to ca-
mpaign

C.

Full Name (Last, First, Middle Initial)
Kilpatrick For US Congress

Mailing Address PO Box 32175

City Detroit State MI Zip Code 48232

Purpose of Disbursement
Jennifer Fisher will attend event/check sent to campaign

Candidate Name
Carolyn Kilpatrick

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 13

Transaction ID: 3901091

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1500.00

Jennifer Fisher will atte-
nd event/check sent to ca-
mpaign

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial)
Scott For Congress Committee

Mailing Address PO Box 261

City Newport News State VA Zip Code 23607

Purpose of Disbursement
check sent to Dr. McKinley Price

Candidate Name
Robert Scott

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 03

Transaction ID: 3901089

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

check sent to Dr. McKinley
Price

B. Full Name (Last, First, Middle Initial)
Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement
check sent to Dr. Ray Maddox

Candidate Name
Rep. Steve Buyer

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 3901090

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Ray Mad-
dox

C. Full Name (Last, First, Middle Initial)
Friends Of Dave Weldon

Mailing Address 2525 Aurora Road
Suite 2

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
FL event 5/25/07-check sent to Dr. Gerald Bird

Candidate Name
Rep. Dave Weldon, M.D.

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 3901087

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

FL event 5/25/07-check se-
nt to Dr. Gerald Bird

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial) Norm Dicks For Congress Committee

Mailing Address PO Box 1663

City Tacoma State WA Zip Code 98401

Purpose of Disbursement
Judy Sherman attended event/check sent to campaign

Candidate Name
Norman Dicks

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2007 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: WA District: 06 2008 US General

Transaction ID: 3910809

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to campaign

B. Full Name (Last, First, Middle Initial) Committee For Pete V. Domenici

Mailing Address PO Box 93656

City Albuquerque State NM Zip Code 87199

Purpose of Disbursement
Warner Classic 2007

Candidate Name
Pete Domenici

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼
 State: NM District:

Transaction ID: 3910820

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1500.00

Warner Classic 2007

C. Full Name (Last, First, Middle Initial) Enzi For U.S. Senate Committee

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement
Warner Classic 2007

Candidate Name
Michael Enzi

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼
 State: WY District:

Transaction ID: 3910819

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Warner Classic 2007

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial)
Lindsey Graham for U.S. Senate

Mailing Address PO Box 1155

City Seneca State SC Zip Code 29679

Purpose of Disbursement
Warner Classic 2007Candidate Name
Lindsey GrahamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼
2008 US General

State: SC District: 03

Transaction ID: 3910816

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	0	7

Amount of Each Disbursement this Period

2500.00

Warner Classic 2007

B. Full Name (Last, First, Middle Initial)
Tim Johnson For South Dakota, Inc.

Mailing Address PO Box 1859

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Judy Sherman attended event/check sent to campaignCandidate Name
Tim JohnsonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District:

Transaction ID: 3910804

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to campaign

C. Full Name (Last, First, Middle Initial)
Friends Of Senator Carl Levin

Mailing Address 10 G Street Ne, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
check sent to Kris Nicholoff-will attend MI eventCandidate Name
Sen. Carl LevinOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District:

Transaction ID: 3910823

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

check sent to Kris Nicholoff-will attend MI event

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Senator John Warner Cmte

Mailing Address PO Box 3536

City
Merrifield

State
VA

Zip Code
22116

Purpose of Disbursement
Warner Classic 2007

Candidate Name
John Warner

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Transaction ID: 3910815

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

3000.00

Warner Classic 2007

B.

Full Name (Last, First, Middle Initial)

Heather Wilson For Congress

Mailing Address P.O. Box 14070

City
Albuquerque

State
NM

Zip Code
87191

Purpose of Disbursement
Katie Yehl attended event/check sent to campaign

Candidate Name
Rep. Heather A. Wilson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Transaction ID: 3910807

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Katie Yehl attended event-
/check sent to campaign

C.

Full Name (Last, First, Middle Initial)

Committee For Thad Cochran

Mailing Address PO Box 7183

City
Tupelo

State
MS

Zip Code
38801

Purpose of Disbursement
Warner Classic 2007

Candidate Name
Thad Cochran

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District:

Transaction ID: 3910817

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Warner Classic 2007

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chambliss For Senate

Mailing Address Post Office Box 12469

City Atlanta State GA Zip Code 30355

Purpose of Disbursement
Warner Classic 2007

Candidate Name
Saxby Chambliss

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 01

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3910818

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Warner Classic 2007

B.

Full Name (Last, First, Middle Initial)

Pat Roberts For Senate

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
Warner Classic 2007

Candidate Name
Sen. Pat Roberts

Office Sought: ☐ House
☒ Senate
☐ President

State: KS District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3910821

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Warner Classic 2007

C.

Full Name (Last, First, Middle Initial)

Thelma Drake For Congress

Mailing Address P.O. Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement
check sent to Dr. Terry Dickinson

Candidate Name
Rep. Thelma D. Drake

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3910803

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Terry
Dickinson

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ameripac

Mailing Address 499 South Capitol, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement
Katie Yehl attended event/check to PAC

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3910805

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

2500.00

Katie Yehl attended event-
/check to PAC

B.

Full Name (Last, First, Middle Initial)

Eric PAC

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Mike Graham attended event/check sent to PAC

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3910808

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Mike Graham attended even-
t/check sent to PAC

C.

Full Name (Last, First, Middle Initial)

Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City St Paul State MN Zip Code 55128

Purpose of Disbursement

Candidate Name
Sen. Norm Coleman

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3910822

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mike Pence Committee

Mailing Address P. O. Box 408

City
Anderson

State
IN

Zip Code
46015

Purpose of Disbursement
check sent to Dr. Ray Maddox

Candidate Name
Rep. Michael R. Pence

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 06

Transaction ID: 3911103

Date of Disbursement

05 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Ray Maddox

B.

Full Name (Last, First, Middle Initial)

Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Ave, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Mike Graham attended event/check sent to PAC

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3911105

Date of Disbursement

05 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

Mike Graham attended event/check sent to PAC

C.

Full Name (Last, First, Middle Initial)

Alliance for The West

Mailing Address 1006 Pendleton Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Judy Sherman attended event/check sent to PAC

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3911104

Date of Disbursement

05 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to PAC

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 3911432 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 7</div> </div>
City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period
Purpose of Disbursement check sent to Dr. Dennis Burns-June 1st Ohio event	<div> <div></div> <div>3000.00</div> </div>
Candidate Name Rep. Patrick J. Tiberi	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ check sent to Dr. Dennis Burns-June 1st Ohio event
B. Full Name (Last, First, Middle Initial) Keller For Congress	Transaction ID: 3911582 Date of Disbursement
Mailing Address P.O. Box 1453	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 7</div> </div>
City Orlando State FL Zip Code 32802	Amount of Each Disbursement this Period
Purpose of Disbursement Jennifer Fisher attended event/check sent to campaign	<div> <div></div> <div>1000.00</div> </div>
Candidate Name Rep. Richard A. Keller	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Jennifer Fisher attended event/check sent to campaign
C. Full Name (Last, First, Middle Initial) Maloney For Congress	Transaction ID: 3911580 Date of Disbursement
Mailing Address 49 East 92nd Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 7</div> </div>
City New York State NY Zip Code 10128	Amount of Each Disbursement this Period
Purpose of Disbursement Jennifer Fisher attended event/check sent to campaign	<div> <div></div> <div>1000.00</div> </div>
Candidate Name Rep. Carolyn B. Maloney	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Jennifer Fisher attended event/check sent to campaign

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Scott For Congress

Mailing Address 162 Hurt Street Ne

City
Atlanta

State
GA

Zip Code
30307

Purpose of Disbursement
check sent to Dr. Gordon Austin

Candidate Name
Rep. David A. Scott

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 3911576

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

check sent to Dr. Gordon Austin

B.

Full Name (Last, First, Middle Initial)

Pete Sessions For Congress 2008

Mailing Address Post Office Box 38585

City
Dallas

State
TX

Zip Code
75238

Purpose of Disbursement
Mike Graham attended event/check sent to campaign

Candidate Name
Rep. Pete Sessions

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 3911575

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Mike Graham attended event/check sent to campaign

C.

Full Name (Last, First, Middle Initial)

Kenny Marchant For Congress

Mailing Address PO Box 110187

City
Carrollton

State
TX

Zip Code
75011

Purpose of Disbursement
Jennifer Fisher attended event/check sent to campaign

Candidate Name
Rep. Kenneth Marchant

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: 3911579

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended event/check sent to campaign

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Blue Dog PAC

Mailing Address 236 Massachusetts Ave., NE
Ste 508

City Washington State DC Zip Code 20002

Purpose of Disbursement
Katie Yehl will attend event/check sent to PAC

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3911586

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Katie Yehl will attend ev-
ent/check sent to PAC

B.

Full Name (Last, First, Middle Initial)

Friends of Mazie Hirono

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement
Jennifer Fisher attended event/check sent to campaign

Candidate Name

Mazie Hirono

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: HI District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3911578

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended
event/check sent to campa-
ign

C.

Full Name (Last, First, Middle Initial)

Majority In Congress PAC

Mailing Address

City State Zip Code

Purpose of Disbursement
Jennifer Fisher attended event/check sent to campaign

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3911584

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended
event/check sent to campa-
ign

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Solidarity PAC

Mailing Address 301 4th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Jennifer Fisher attended event/check sent to campaign

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3911581

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended event/check sent to campaign

B.

Full Name (Last, First, Middle Initial)

Committee For Daniel K. Akaka

Mailing Address 3125 Kaohinani Drive

City Honolulu State HI Zip Code 96817

Purpose of Disbursement
check sent to Dr. Gary Yonemoto

Candidate Name

Daniel Akaka

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: HI District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3911858

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

2000.00

check sent to Dr. Gary Yonemoto

C.

Full Name (Last, First, Middle Initial)

Andrews For Congress Committee

Mailing Address 215 Fourth Avenue
Suite 200

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
check sent to Dr. Vincent C. Mayher

Candidate Name

Rep. Robert E. Andrews

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 01

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3911859

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Vincent C. Mayher

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Baird For Congress

Mailing Address PO Box 5016

City
Vancouver

State
WA

Zip Code
98668

Purpose of Disbursement

Jennifer Fisher attended event/check sent to campaign

Candidate Name
Rep. Brian Baird

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 03

Transaction ID: 3911845

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1500.00

Jennifer Fisher attended event/check sent to campaign

B.

Full Name (Last, First, Middle Initial)

Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City
Hackensack

State
NJ

Zip Code
07602

Purpose of Disbursement

Judy Sherman attended event/check sent to campaign

Candidate Name
Rep. Steven R. Rothman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 09

Transaction ID: 3911844

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to campaign

C.

Full Name (Last, First, Middle Initial)

Mike Rogers For Congress

Mailing Address 123 East 13th Street

City
Anniston

State
AL

Zip Code
36201

Purpose of Disbursement

check sent to Wayne McMahan

Candidate Name
Rep. Michael D. Rogers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 03

Transaction ID: 3911857

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to Wayne McMahan

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mccrery For Congress Committee

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement
Check Sent to Gary Roberts

Candidate Name
Rep. Jim McCrery

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 04

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3911989

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

5000.00

Check Sent to Gary Roberts

B. Full Name (Last, First, Middle Initial)
Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City St Paul State MN Zip Code 55128

Purpose of Disbursement

Candidate Name
Sen. Norm Coleman

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3912001

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City St Paul State MN Zip Code 55128

Purpose of Disbursement
Void - Norm Coleman for US Senate

Candidate Name
Sen. Norm Coleman

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3912002

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Norm Coleman for
US Senate

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Henry E. Brown For Congress

Mailing Address 1035 Dominion Drive

City Hanahan State SC Zip Code 29406

Purpose of Disbursement
Sent to Phil Latham

Candidate Name
Henry Brown

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 01

Transaction ID: 3913162

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Sent to Phil Latham

B.

Full Name (Last, First, Middle Initial)

Doggett for Congress

Mailing Address P.O. Box 5843

City Austin State TX Zip Code 78703

Purpose of Disbursement
sent to Alan Moore

Candidate Name
Lloyd Doggett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: 3914678

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

2.00

sent to Alan Moore

C.

Full Name (Last, First, Middle Initial)

Neugebauer Congressional Committee

Mailing Address P.O. Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement
sent to Jay Adkins

Candidate Name
Rep. Robert R. Neugebauer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: 3913163

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

sent to Jay Adkins

SUBTOTAL of Disbursements This Page (optional)

2002.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City State Zip Code
St Paul MN 55128

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Norm Coleman

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3912879

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Doggett for Congress

Mailing Address P.O. Box 5843

City State Zip Code
Austin TX 78703

Purpose of Disbursement
Void - Doggett for Congress

011
Category/
Type

Candidate Name
Lloyd Doggett

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 25

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3914854

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

-2.00

Void - Doggett for Congress

C.

Full Name (Last, First, Middle Initial)

Doggett for Congress

Mailing Address P.O. Box 5843

City State Zip Code
Austin TX 78703

Purpose of Disbursement
Sent to Alan Moore

011
Category/
Type

Candidate Name
Lloyd Doggett

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 25

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3914855

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

2000.00

Sent to Alan Moore

SUBTOTAL of Disbursements This Page (optional)

2998.00

TOTAL This Period (last page this line number only)

133000.00

Form/Schedule: **F3XA** Amendment submitted because totals changed due to error on previous reports.
Transaction ID: